**Service Description[[1]](#footnote-1)**

Assessment to the National Safety & Quality Primary and Community Healthcare Standards (NSQPCH) for **Private Dental Practices**

***Organisation details***

|  |  |
| --- | --- |
| Legal name of organisation |  |
| Click or tap here to enter text. |
|  |
| Trading name |  |
| Click or tap here to enter text. |
|  |
| ABN  (a separate registration is required for each ABN) |  |
| Click or tap here to enter text. |
|  |
| Previous organisation name (if applicable) |  |
| Click or tap here to enter text. |
|  |
| Current NSQHSS certificate expiry date (if applicable) |  |
| Click or tap to enter a date. |
|  |

***Contact******details***

|  |  |
| --- | --- |
| Facility owner name |  |
| Click or tap here to enter text. |
|  |
| Name of key contact |  |
| Click or tap here to enter text. |
|  |
| Position of key contact |  |
| Click or tap here to enter text. |
|  |
| Postal address |  |
| Click or tap here to enter text. |
|  |
| Central office physical address |  |
| Click or tap here to enter text. |
|  |
| Primary phone |  |
| Click or tap here to enter text. |
|  |
| Email |  |
| Click or tap here to enter text. |
|  |
| If you engage a consultancy in relation to your management system, what is the name of the consultancy? |  |
| Click or tap here to enter text. |
|  |
| If you outsource any process in relation to the services to be assessed (e.g. internal audit, training, linen, etc.), what processes have been outsourced? |  |
| Click or tap here to enter text. |
|  |
| Do you consent to contact details being provided to the Commission? (Australian Commission on Safety and Quality in Health Care)[[2]](#footnote-2) |  |
| Click or tap here to enter text. |
|  |
| Assessment Type Requested (Stage 1, 2, 3, or 4)[[3]](#footnote-3) |  |
| Choose an item. |
|  |
| Name of person completing this form |  |
| Click or tap here to enter text. |
|  |
| Date form completed |  |
| Click or tap to enter a date. |
|  |

***Description – Site 1***

|  |  |
| --- | --- |
| Facility name |  |
| Click or tap here to enter text. |
|  |
| Location type |  |
| Choose an item. |
|  |
| Facility address |  |
| Street address, Suburb, State, Postcode |
|  |
| Number of chairs | Click or tap here to enter text. |
|  |
| Approx. number of patients/clients per week | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare practitioners | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare workforce | Click or tap here to enter text. |
|  |
| Staff FTE – Management/admin | Click or tap here to enter text. |
|  |

***Description – Site 2***

|  |  |
| --- | --- |
| Facility name |  |
| Click or tap here to enter text. |
|  |
| Location type |  |
| Choose an item. |
|  |
| Facility address |  |
| Street address, Suburb, State, Postcode |
|  |
| Number of chairs | Click or tap here to enter text. |
|  |
| Approx. number of patients/clients per week | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare practitioners | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare workforce | Click or tap here to enter text. |
|  |
| Staff FTE – Management/admin | Click or tap here to enter text. |
|  |

***Description – Site 3***

|  |  |
| --- | --- |
| Facility name |  |
| Click or tap here to enter text. |
|  |
| Location type |  |
| Choose an item. |
|  |
| Facility address |  |
| Street address, Suburb, State, Postcode |
|  |
| Number of chairs | Click or tap here to enter text. |
|  |
| Approx. number of patients/clients per week | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare practitioners | Click or tap here to enter text. |
|  |
| Staff FTE – Healthcare workforce | Click or tap here to enter text. |
|  |
| Staff FTE – Management/admin | Click or tap here to enter text. |
|  |

1. This Service Description becomes part of your agreement with HDAA for assessment services. It defines the scope of the certification assessment and will ultimately be used to complete your certificate documents. Consequently, it is essential that this service description if fully accurate as other sites not included here will not fall within scope and consequently may not be able to be certified. [↑](#footnote-ref-1)
2. Privacy Disclaimer: The Australian Commission on Safety and Quality in Health Care (the Commission) collects personal information when the information is necessary for, or directly related to, the Commission’s functions or activities. Your personal information is being requested for the Commission to fulfil its purpose under legislation. The personal information is required in order for the Commission to contact you to seek your participation in surveys, consultations and future evaluation of the PCH Standards and the accreditation scheme. All personal information is held securely. The Commission treats all personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (the Act) and the Commission’s Privacy Policy. The Commission does not disclose personal information to other organisations unless it is required to do so under the Australian law or tribunal/court order. The Commission’s Privacy Policy is available from the Commission’s [website](http://www.safetyandquality.gov.au.). Details are only shared once an agreement is signed. [↑](#footnote-ref-2)
3. Refer to [Fact Sheet](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/accreditation-national-safety-and-quality-primary-and-community-healthcare-standards). [↑](#footnote-ref-3)